



## TOWN OF HUNTINGTON

### LONG ISLAND, NEW YORK

#### Department of Parks and Recreation

February 2014

Dear Parents:

Enclosed is an application for **new children** at Camp Bright Star. The camp will again be held in a school in the Commack School District, pending school budget approval. You will be notified when the site is secured.

The program will operate from Tuesday, July 1 to August 8, 2014, but will not be held on Friday, July 4<sup>th</sup>. Program hours are 9 AM to 2:30 PM, Monday through Friday. The cost is \$185 with a Recreation ID card, and \$545 without a Recreation ID card. Enclosed is a flyer explaining the Recreation ID card. If you previously purchased an ID card, please check its expiration date. If your card has expired, or should you wish to purchase an ID card for the first time, you can purchase one at the Parks and Recreation office in Town Hall or at the Dix Hills Ice Rink. If you have a valid Recreation ID card, submit a copy of it with your application.

Transportation will again be provided for Huntington residents. Non-residents can access the bus transportation by dropping the camper off at a scheduled bus stop in Huntington.

Please complete the application, which includes a section to be completed by a physician. Include a check payable to the Department of Parks and Recreation. Please place your phone number on the check.

As part of the application process new applicants will need to submit a psychological report, which must list the disability diagnoses and a full-scale IQ score. **The IQ score can't be from an abbreviated test.** If the disability diagnosis is not listed in the psychological report, please submit a report from the child's doctor. **Also, if the IQ is over 60, we will need an adaptive behavior scale with summary scores or a Vineland Report.** You can check with your child's school or doctor for these reports. You will also have to complete the enclosed form entitled, Transmittal for Determination of Developmental Disability Application.

These documents are needed to determine eligibility. It will be held in confidence and not shared with anyone except the funding source. Failure to provide this information could result in the rejection of the application. These reports are requested by the New York State Office of People with Developmental Disabilities, which partially funds the camp. Without their funding camp admission fees would resemble those charged by private industry.

The application, payment, documents, and a copy of Recreation ID card, if applicable, should be sent as soon as possible. Applications will be processed on a first come first serve basis until the camp is filled. The deadline for applications is June 1, 2014. Send this information to the Town of Huntington, Parks & Recreation Department, 100 Main Street, Huntington, NY 11743. ATT: Camp Bright Star. **If you don't have the eligibility documents, send the application and other information as soon as possible. Do not wait until the deadline. You can submit the eligibility documents at a later date.**

New applicants must be screened prior to acceptance. There are no guarantees that all children will be accepted due to the number of available openings and the child's appropriateness for the camp. Interviews will be conducted on May 6<sup>th</sup> and 13<sup>th</sup> for Huntington residents from 6:00 PM to 9 PM at Town Hall. Interviews for non-residents will be held on June 3rd from 6 - 9 PM in Town Hall or sooner depending on enrollment. You will be contacted by email when a schedule is developed.

People can still register if they are only attending for one or two weeks in order to fit their summer schedule. If your child is on any medications, you must submit a copy of each prescription and give to the Camp Nurse the first day of the program.

If your child will be accompanied by a paraprofessional ("shadow") you must call the Parks and Recreation Department immediately for specific instructions. All requests must be made no later than May 15, 2014. NO requests will be accepted after this date.

The camp is required to have a permit from the New York State Health Department in order to operate. The Suffolk County Health Department inspects the camp twice a year. The inspection reports are filed with them at 360 Yaphank Avenue, Suite 2A, Yaphank, NY 11980. If you have any questions, I can be reached at 351-3071.

Sincerely,

Jack R. Fass  
Recreation Supervisor

JRF:gmp  
cc: S. Kindler, Camp Director  
Enclosures

CAMP BRIGHT STAR  
2014 Application

Email\_\_\_\_\_

|              |    |
|--------------|----|
| Seizures-Yes | No |
|--------------|----|

Allergy to insect bites-Yes\_\_\_ No\_\_\_ Type\_\_\_\_\_  
 Allergy to food-Yes\_\_\_ No\_\_\_ Kind\_\_\_\_\_  
 Allergy to drugs-Yes\_\_\_ No\_\_\_ Type\_\_\_\_\_  
 Fears (ex. Animal, water, etc.) Kind\_\_\_\_\_  
 Participation in group activities-Yes\_\_\_ No\_\_\_  
 Any Areas of Difficulty\_\_\_\_\_  
 Special Interests: \_\_\_\_\_  
 Swimming Ability:      Afraid of water      \_\_\_Yes      \_\_\_No  
                                  Can put face in water      \_\_\_Yes      \_\_\_No  
                                  Likes the water      \_\_\_Yes      \_\_\_No  
                                  Can swim      \_\_\_Yes      \_\_\_No  
 Comments: Any information to assist the Camp Personnel\_\_\_\_\_

3. In order to determine eligibility, a recent medical, psychological, or IEP report is required in order to participate. The report should Specifically state the developmental disability and a FSIQ of 60 or under. If the IQ is over 60, an adaptive behavior scale must be submitted. The report will be held in the strictest of confidence.
4. **TRANSPORTATION:** If your child was enrolled in this program last year, Please furnish the following information: Bus Number\_\_\_\_\_  
Street where child actually boarded bus\_\_\_\_\_
5. **DOCTOR'S CERTIFICATE:** The following information is to be furnished by your child's physician or the school's physician. No application will be processed without it.

Camper's Name\_\_\_\_\_has been examined by me and may participate in \_\_\_all\_\_\_limited camp activities, please explain.

Doctor's Comments:\_\_\_\_\_

#### Immunizations Given:

| <u>Type</u>           | <u>Date</u> | <u>Type</u>  | <u>Date</u> |
|-----------------------|-------------|--------------|-------------|
| DPT Series            | _____       | Scoliosis    | _____       |
| DPT Boosters          | _____       | HIB          | _____       |
| Polio Type            | _____       | Live Measles | _____       |
| Series                | _____       | Rubella      | _____       |
| Polio Booster         | _____       | Mumps        | _____       |
| Tine (TB)             | _____       | TBC          | _____       |
| Results               | _____       | MMR          | _____       |
| Varialla(chicken Pox) | _____       |              |             |

If child is born after January 1, 1993, must fill in dates of Hepatitis B\_\_\_\_\_

Physician's Signature\_\_\_\_\_Date\_\_\_\_\_  
 Address\_\_\_\_\_Phone#\_\_\_\_\_

### **PARENTAL PERMISSION/PUBLICITY RELEASE**

I do grant permission for my child's name\_\_\_\_\_and/or picture to be included in publicity, press releases, newspapers, and the Town's television station for the promotion of Camp Bright Star.

Parent's Signature\_\_\_\_\_Date\_\_\_\_\_

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### **PARENTAL TRIP PERMISSION RELEASE**

I hereby give permission for my son/daughter to go on all field trips taken during the summer program. There is no medical/accident insurance available. (If there are any trip restrictions such as beach, zoo, etc, please list).\_\_\_\_\_

Parent's Signature\_\_\_\_\_Date\_\_\_\_\_

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### **PARENTAL SWIM PERMISSION RELEASE**

I do\_\_\_do not\_\_\_grant permission for my child,\_\_\_\_\_, to participate in swimming.

Parent's Signature\_\_\_\_\_Date\_\_\_\_\_

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### **REGISTRATION WAIVER**

In consideration of your accepting this registration, I hereby for myself, my heirs, my child, executors & administrators, waive and release any and all rights & claims for damages or my child may have against the Parks & Recreation Department, Town of Huntington and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups.

Signature\_\_\_\_\_Date\_\_\_\_\_

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To be completed by office

Payment Received\_\_\_\_\_ Check #\_\_\_\_\_ Date\_\_\_\_\_ Psychological Report\_\_\_\_\_ or IEP Report